

S. No. 307
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 17 1948

Registration District No. 177

Primary Registration District No. 3035

Registrar's No. 54

54
3
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 197 S.W. Blvd 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lafayette
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

(c) City or town Lexington
(If outside city or town limits, write "RURAL")

(d) Street No. 197 S.W. Blvd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE M. WEIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 0 o'clock
on 1948 to Sept 30 1948
that I last saw her alive on Sept 29 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug 8 1909
(Month) (Day) (Year)

Immediate cause of death Chronic myocardiopathy Duration _____

Due to _____

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Lexington MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Major findings:
Of operations _____

Of autopsy 131B

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business at home

12. Name Conrad E. Weis

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kaldbraker

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Weis

(b) Address Lexington MO

17. (a) Burial (b) Date thereof 10-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington MO

18. (a) Signature of funeral director [Signature]

(b) Address Lexington MO

19. (a) 10 Nov 48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ben H. Brubaker (M. D. or other) _____
Address Lexington MO Date signed 9/30/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-16-98

Business

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Garret Humpel

Licensed Embalmer No. 3273

P. O. Address Lexington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.